

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31405

State File No. \_\_\_\_\_

OCT 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Route 1930</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Pack Township</u>							
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>WILLIAM</u>		b. (Middle) <u>E</u>		c. (Last) <u>JAMES</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28-1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>			
8. DATE OF BIRTH <u>Oct 5, 1874</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION, (Give kind of work during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County, Mo. U.S.A.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William James</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Roddy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. James</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>5615</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. James</u>		ADDRESS <u>St. Louis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowel obstruction</u> DUE TO (c) <u>Hernia of meninges</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5615</u>				INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION <u>Sept 23</u>		19b. MAJOR FINDINGS OF OPERATION <u>Strangulated Bowel &amp; meninges through hernia</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4:45</u> <u>PM</u> , <u>1952</u> , to <u>9-28</u> , <u>1952</u> , that I last saw the deceased alive on <u>9-27</u> <u>9 PM</u> , <u>1952</u> , and that death occurred at <u>7:40</u> <u>PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. M. J. D. 20-2</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>Sept 28</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harper</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory County Mo</u>			
DATE RECD BY LOCAL REG <u>Oct-6-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Handrich</u>		ADDRESS <u>St. Louis</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*J. B. Goodrich*

Licensed Embalmer No.

*3038*

P. O. Address

*Quincy Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.